

# Tri-County Investigations LLC

P.I. License No. 11API61592

P.O. Box 282  
Duncan, OK 73533  
Web Site: www.tricountyadjustment.com

Telephone: 580-656-7772  
Fax: 580-786-0154

## SURVEILLANCE AND ACTIVITY REQUEST

Firm: \_\_\_\_\_ Attention: \_\_\_\_\_  
Address: \_\_\_\_\_ Date: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Court: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Case No: \_\_\_\_\_  
Ext./Direct Line: \_\_\_\_\_ Case Title: \_\_\_\_\_  
Your Fax No.: \_\_\_\_\_ Claim/File No.: \_\_\_\_\_  
Your E-mail: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

## PLEASE NOTE ANY SPECIFIC SERVICE REQUIREMENTS

Please check the services required:  Video Surveillance  Activities Check  Other

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Completion Deadline \_\_\_\_/\_\_\_\_/\_\_\_\_ Trial or Hearing Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Subject: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

If two crews are needed (i.e., rural cases), is permission granted to proceed?  Yes  No

Physical Description: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Race: \_\_\_\_ Marital Status: \_\_\_\_ Spouse's Name: \_\_\_\_\_  
Subject's Vehicles: \_\_\_\_\_  
Alleged Injury: \_\_\_\_\_  
Physical Restrictions: \_\_\_\_\_  
Claim #: \_\_\_\_\_ Date of Loss: \_\_\_\_/\_\_\_\_/\_\_\_\_ Insured: \_\_\_\_\_  
Type of Claim: \_\_\_\_\_ Previous Surveillance Performed?  Yes  No (If "Yes," attach report.)  
Does the claimant have a history of violent behavior?  Yes  No (If "Yes," two crews are necessary)  
What is the purpose of the investigation? \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Are there specific days for the surveillance to be conducted?  Yes  No (If "Yes," What days?)

Restrictions: Day or \$ Limit: \_\_\_\_\_  
Client: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_  Internet  Other

Is there a secondary contact for this case?  Yes  No (If "Yes," please fill in the form below:)

Client: \_\_\_\_\_ Phone #: \_\_\_\_\_  
FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_  Internet  Other

Are you a full-time client?  Yes  No

Referred by: \_\_\_\_\_